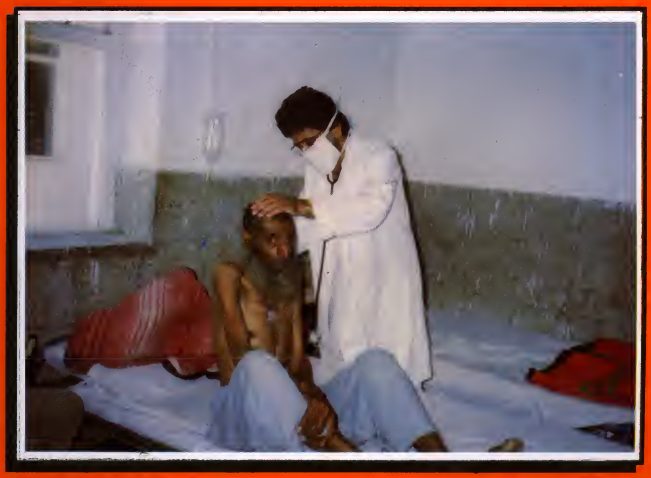
ANTI TUBERCULOSIS ASSOCIATION AFGHANISTAN PROGRAM (ATA/AP)

ANNUAL REPORT – 1999



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INDEX

ANNEXES

ANTI TUBERCULOSIS ASSOCIATION - AFGHANISTAN PROGRAM
ATA/AP

Introduction/ Background:

1. TB Incidence in Afghanistan TB incidence is reported to be 300 times that of the world average. While the Annual Risk of Infection (ARI) is 1 in 10000 on the world average, in Afghanistan it is 300 in 10000. Although the disease was well controlled in the developed countries, it is again spreading. In the poor countries, it is still a scourge, though effective drugs are now available (factors for this phenomenon are discussed in para 5). TB combined with AIDS is becoming more serious. According to WHO statistics, even today, 3 million people die due to TB every year.

2. Background of ATA/AP The Association was formed to control TB in Afghanistan. The first TB Clinic was established in Asadabad (Kunar) in 1990, in collaboration and assistance of Anti TB Association (Geneva), who are running a TB Hospital at Baghdada Mardan and a clinic at Bannu in NWFP. The ATBA, Geneva provided assistance, especially drugs, uptil 1994. In the meanwhile the NCA was contacted in 1991, who were kind in supporting the programme. Over the years the ATA/AP, especially with the assistance of NCA, has been able to expand the programme horizontally, as well as, vertically. Today, the ATA/AP is covering, practically, the whole of Kunar, Eastern Nooristan and Laghman. It is also covering the Khogiani area of Nangarhar. Vertically, the programme include Tuberculosis Control Centres, Health Education Programme in the peripheral areas of all those provinces and a Culture Laboratory in Jalalabad, which is the only referral Laboratory in Afghanistan.

3. The 1999 Programme was a part and parcel of the ATAs "Five year Plan – 1998-2000" of which 1999 was the second year. Despite many impediments, the programme of 1999 was implemented successfully, as planned – with less cost as compared to earlier estimates. Briefly, in 1999, the ATA ran the On going programmes in Kunar Nooristan and Laghman and added TB Control Programme in Khogiani consisting of a TB Clinic at Kaga, three TB Control Centres(Microscopy), five Health Education Centres and a Culture Laboratory Jalalabad. Generally speaking, the implementation of TB Control Programme (old and new) in 1999 was a great success.

4. Factors and Principles of TB Control:

TB, Once Considered to be incurable, is 95% curable - thanks to the development of effective drugs . There are, however, certain factors and, as a corollary, some principles of TB control, which are different as against the control of other diseases. These factors and principles must be kept in mind before embarking on a TB Control Program in any area.

5. Factors: The following are some factors, which must be considered and appreciated to be able to understand the principles and later the methodology adopted for TB Control. Factors and Principles being universal, the methodology adopted in certain situation may be different due to peculiar circumstances of the area, population and the situation prevailing. The factors which must be considered are as follows:-

a. TB is, generally speaking a poor man disease, though social condition and illiteracy are also important contributing factors.

b. The Sputum Positive patients spread the disease - and very rapidly also, Sputum Negative Pulmonary cases can also spread the disease, but are not as dangerous, as Sputum Positive. Extra Pulmonary TB Cases, though patients of TB do not spread the disease and as such can be treated with no danger to others.

c. The treatment of TB is lengthy (6 to 8 months) and fairly expensive.

d. Since TB was incurable in the past, TB patients used to be isolated. TB, therefore, became a Social Stigma. Though this affected all, but more so the women who become the worst victims of this attitude. In many area, due to lack of education and emancipation, the situation is still the same though TB is now 95% curable.

e. TB spreads rapidly in overcrowded and badly ventilated places.

f. Despite the availability of effective drugs, TB is still the biggest killer than any infectious disease.

g. Combined with HIV infection, TB has become still more dangerous and takes 3 million lives yearly. (1995 WHO report).

Isolation Ward – TB Hospital Asadabad(Kunar)

6. Principles of TB Control

Based on the factors discussed and the experience of all those working in this field certain principles of TB Control have crystallized, which are accepted, worldwide:-

a. TB Treatment should be Provided Completely Free.
Since TB is a poor man's disease and is lengthy and expensive also, the treatment which includes diagnosis, drugs, hospitalization (where necessary)and good diet must be provided free of cost. Unless this is assured, the patients, even if they start the treatment, leave it half way due to financial and administrative reasons. Such patients become even more dangerous as they become resistant to the drugs which were in use. The treatment of such patients become more difficult and more expensive. Due to this phenomenon, resistant TB cases are far and wide in the poor countries,where completely free treatment is not available.

b. Sputum Positive cases must be found and treated on Top Priority basis
Since Sputum positive TB patients are potential spreaders of the disease, these must be found and treated under Supervision (directly observed treatment – DOT system)till they become Sputum negative and complete the treatment course.

c. Sputum Negative and Extra-Pulmonary TB patients should be treated,outdoor
Since such patients do not spread the disease, though suffering the disease themselves, need not be hospitalized. It is far more economical and socially prudent to treat such patients at home, provided continued treatment is ensured.

d. TB clinics and other TB Control organization should be located as near the Potential TB affected areas, as possible, for convenience of communication and regular treatment.

e. Supervision of Treatment:
Unless the treatment is well supervised, the patients leaves the treatment half way, thus becoming resistant cases. The reasons for leaving the treatment incomplete, are as follows:-

1. Economic reasons
2. Patients feel well after two/three months, thinking that they are completely cured, though they are not.
3. Patients become impatient due to long treatment.
4. Lack of knowledge or motivation, or both, for completion of treatment
5. Stigma, especially in the cases of female patients.

It is ,therefore, most important that an effective methodology is adopted for supervised treatment. This include record keeping in the hospitals/clinics, provision of free and adequate supply of drugs and ensuring that the patients take the drugs regularly and get themselves examined in the hospitals/clinics, as advised. This involves Health Education, organized volunteer system in the community with a view to ensuring full participation of the people of the area in the programme. This aspect of TB control is the

most important and constitute 70% of the effort. The rest of the 30% is diagnosis and periodic examination in the hospitals/clinics.

f. Protection

BCG Vaccination protects children against the most severe and life threatening forms of TB, like TB Meningitis, therefore children upto 5 years of age must be given BCG Vaccination.

g. Coordination with General Health Care Program

Close coordination of TB Control Programme with General Health Care is useful for Health Education as well as administration of regular treatment.

h. Health Education

Health Education Programme against TB, either separately or in coordination with other Health Care Programmes like EPI is most essential to get better results. If properly conceived, coordinated and executed vigorously, the TB Control Programme become very effective in cost, as well as, results.

Lady Health Educator at work in Laghman

Special Features of Tuberculosis Control in Afghanistan:

7. Though TB Control Program in all the developing countries in the world is problematic, the present Political, Economic, Social and Communication conditions in Afghanistan pose peculiar problems which have to be tackled in their own peculiar ways.

a. Political:

Though the bulk of the country, including the capital - Kabul, is under the control of Taliban, a few provinces in the North are under the opposition consisting of factions headed by Rabbani and Masood. Rabbani is their titular head. Since Rabbani was the President before the Taliban took the control of Kabul, the UN and most of the countries, still consider Rabbani as the "dejuro" President of Afghanistan. Even in the Provinces under the Taliban, some areas are either "independent" or having sympathies with the opposition. The same may be true for some areas under the control of the factions lead by Rabbani. This situation has, on the one hand, created confusion of control and, on the other, the problem of coordinated efforts to continue a program to its logical conclusion.

This lack of control often pose law and order situation which interrupts developmental and social activities of the NGOs in particular, thus frustrating the efforts. In this situation the Govt, whether of the Taliban or the Opposition, is not in a position to impose its writ in the areas under their control. The policy of the Taliban, who control 90% of Afghanistan, is not conducive to political reconciliation, rehabilitation, reconstruction and even repatriation. The imposition of 'Sharia' in its most fundamental form has discouraged the educated , professional and the liberal element of the society. The imposition of strict ' Pardah' for women, especially in big cities, has deprived the womenfolk from taking useful part in the economic well being of the family, society and the country. Girls have been denied secular education, thus blocking opportunities for them to become doctors, engineers, teachers or office workers This attitude has discuraged the UN, the donor countries and the NGOs to continue with their programme with the same zeal and enthusiasm, as it was discernible before 1996.

Due to the fighting between Taliban and the Northern Alliance in Aug/Sep- 1999, the bulk of the people of Shimali got displaced and took shelter in Panjsher, Kabul, Jalalabad and other area, thus bringing untold miseries to the affected people. The condition of these people has been the subject of discussion on Human Rights in the UN and other International for a, which had a very unfavorable impact on the Governance of Taliban.

Sanction of the UN Security Council against the Taliban, also had an adverse affect on the aid and assistance by the International Community, including the UN and the INGOs.

Despite this, the UN and the donors are still doing a lot, especially in the social sectors like, health, education, income generation, mine clearance and discouragement of poppy cultivation. Most of their programmes are being implemented through NGOs.

Since TB Controls is a continuous process and requires peaceful, organized, coordinated and motivated environment, it is not possible in Afghanistan in those ideal ways. The strategy and implementation of such

programs in Afghanistan, therefore, require different treatment - basic being flexibility and patience.

b. Economic Conditions

The Govt in Kabul is neither organized nor has the necessary writ to impose taxes on the people, institutions, trade or industry to generate enough revenue to carry out development or social programs. The developmental or social sector are, therefore, left to UN agencies and NGOs. TB is a poor man's disease and as such the treatment has to be completely free. In the situation prevailing in Afghanistan, the incentive of free treatment to TB patients is inescapable if one has to seriously and sincerely tackle TB Control Program.

c. Social Conditions

Afghanistan is an Islamic and highly conservative society. Most of the population live in rural areas, mainly dependent on agriculture or animal husbandry. Literacy rate is very low, especially in women - the current restriction has further accentuated the situation. In such a situation the general awareness of people about Health Education is also very limited. Health Education Program along with any Health or General Education program becomes very necessary. If properly conducted, it furthers the aim and objectives of such health programs like TB Control and also make such efforts more cost effective.

d. Communications:

Apart from the few paved roads like Peshawar - Jalalabad-Kandahar - Herat, Kabul - Mazar etc. the rest of the roads are all shingle or "Kacha" where sturdy vehicles like jeeps, 4x4 pickups etc. can ply. In some areas like Nooristan, very few places are connected by any road, forcing people to travel by foot, horses or mules. Again, in towns or centers of communications there are no hotels or Sarais, where people can stay with families. Most of the people stay with their relatives, and if relatives are not there, people will not travel, especially with females. This situation of communication and lack of facilities in the towns, force the people to leave their female patients to Gods Mercy ! In many cases even the male patients are no better. While planning Health facilities, one has to keep this in mind. The Health facilities will, therefore, have to be as near to the patients as possible

e. Coordination in TB Control in Afghanistan:

There is some improvement in the coordination of TB.Control, as compared to the past. In 1999, a number of meetings were held in Kabul and Jalalabad concerning National TB Control Policy, in which the ATA also took part. Mostly, these meetings were organized by the WHO and the Ministry of Health. The Govt. has now issued a draft National TB Control Policy, which is followed

High Way to Nooristan

Methodology

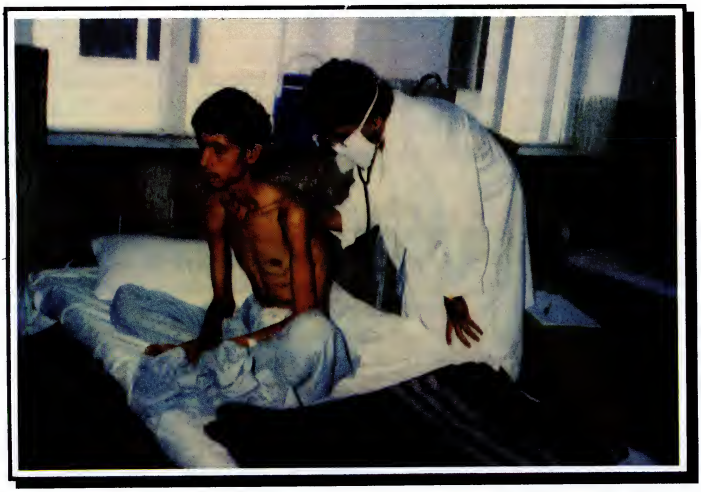
8. Based on the Factors, Principals and Special Features of Tuberculosis Control in Afghanistan, a certain methodology is adopted by the ATA/AP for TB Control in Afghanistan. Though this methodology is in line with the TB Control in other developing countries and the WHO policy, it has some features, which are peculiar to the situation prevailing in Afghanistan.

9. TB Clinics/Hospitals. TB Clinics/Hospitals have been located in cities/towns which are accessible to the TB patients and, at the same time, have the necessary facilities of market, General Health Institutions and the existence of Govt. machinery. At the moment the ATA has clinics/hospitals at Asadabad (Kunar), Burgematal (Nooristan) Mehtarlam (Laghman) and Kaga (Khoğiani area). These clinics/hospitals have the necessary diagnostics facilities like OPD, X-Ray and Laboratory. Sufficient TB and Non TB drugs are available in the dispensary. Record of all registered TB patients is available in the Card Room of the clinic/hospital.

10. Diagnosis and Treatment. Maximum emphasis is laid on sputum examination. Effort is made to take the fasting samples of a patient. If this is not possible a combination of fasting and random specimens are examined. If one sample is found Positive the test is repeated for confirmation. Once confirmed, the patient is registered as TB patient and the treatment regimen of Sputum Positive is started. The rest of the patients treatment is carried out according to the laid down procedure/guideline for TB treatment. If the patient is found to be sputum Negative, symptomatic treatment is given to him/her for two weeks. If the patient responds to such non TB treatment, he/she is advised to follow the same Non TB treatment. If the patient does not respond to the Non TB treatment, his/her sputum is tested again. In case the sputum is found negative, the

patient is X-Rayed. If other symptoms, history and the X-Ray indicated TB, the patient is put on sputum Negative regimen.

11. Isolation Wards. Though we have one Isolation Ward in the hospital at Asadabad (Kunar), we have plans to establish Isolation Wards in all the other clinics in 2000. Generally, Sputum Positive and other serious cases are admitted in these wards to ensure supervised treatment (Directly Observed Treatment - DOT). Once the patient became Sputum Negative, he/she is allowed to continue the treatment at home. Though the DOT system in vogue in other countries consists of centres, where the patients reports daily and take his/her medicine in the presence of a doctor or a volunteer, it is not possible in Afghanistan, especially in the rural areas. Patients (Sputum Positive) living near the clinic are asked to visit the clinic daily to take the medicine under observation. In the case of rural areas, away from the clinic, this duty is done by the TB Control Centres, though not on daily basis, but on weekly and, in some cases, on fortnightly basis. The Health Educators of the area are provided list and addresses of such patients, who visit them once a week to ensure that they are taking their medicine regularly. In certain areas educated volunteer do this job. The family members of Sputum Positive Cases are educated on the procedure thoroughly, so that they do not default.



Patient being examined in Isolation Ward Asadabad(Kunar)

12. TB Control Centres. TB Controls Centres are established in the peripheral areas around the clinics/hospitals. These are placed in the existing BHUs/Health Centres run by the Govt. or other NGOs. The function of these TB Control Centres is as follows: -

a. Microscopy of the suspected TB patients of the area, who visit the BHU / Health centers, where they are working.
b. Confirmed Sputum Positive patients are registered and treatment started in the TB Control Centre. The slides and other details of the patients, however, are sent to the clinic/hospital for record.
c. Issue of TB drugs to the patients of the area. In case of sputum positive on weekly or fortnightly basis and in case of sputum negative on monthly basis.
d. Act as Health Education Centres also by distributing posters, pamphlets, leaflets to the TB patients and others attending the BHU/Health Centres.
e. Follow up sputum examination of TB patients till the completion of treatment.

13. Health Education Program. Around the TB Clinic/Hospital, a number of Health Education Centres are also established in the peripheral area. The function of these Health Education Centres are as follows:-

a. Visiting the villages assigned to them for distribution of posters,pamphlets and leaflets through the schools, mosques and Hujras of the elders.
b. Talk to selected groups on the precautions to be taken and the importance of continued and complete treatment.
c. Keep a list of the TB patients of the area(by villages), ensuring that the sputum positive cases take their medicine as advised.
d. Keep close liaison with the TB Control Centers and the clinics/hospitals for directions and advice.

14. Volunteer System. In a number of villages/ small towns, educated people have volunteered to help the ATA, especially in the Health Education and even supervise the completion of treatment, especially of the sputum positive cases.

15. Resistance Cases. In TB Control one of the serious problem is that of Resistance cases. Patient who leave their treatment halfway, invariably become resistant to the drugs in use. Such patients need to have Culture Sensitivity examination of their sputum to find out the drugs combination, for which the bacteria is sensitive. Since no Culture Laboratory was available in the Eastern Zone, the ATA/AP has established a Culture Laboratory in Jalalabad for this purpose.

16. In short the methodology adopted is to have:-

a. TB clinics/hospitals in nodal places, though as near the TB affected area, as possible.
b.
b. TB Control Centres in the peripheral area around the clinic/hospital for microscopy, issue of drugs, follow up and also Health Education.

c. Health Education and volunteer service to educate the public on precautions to be taken and the importance of continued and complete treatment.

d. The Culture Sensitivity Tests of the Resistant Cases in the Culture Laboratory to ensure not only their treatment, but safeguard others from such resistant infection.

e. Training and refresher training of ATA staff to be able to do their job in proficient/professional way.

TB Control and vaccination Centre – Kamdesh (Nooristan)

Five Year Plan of TB Control for East Zone

17. The ATA/AP has formulated a Five Year Plan for TB Control in East Afghanistan.Presently the ATA/AP is covering the area of Nooristan, Kunar,Nigarhar and Laghman. The Time Frame for the Plan is from 1998 to 2002. The Aim and objective of the Plan is to reduce the Annual Risk of Infection (ARI).It also aims to reduce the mortality and morbidity rate due to TB.The ATA/AP plans to cover more areas specially-Sarobi , Logar and Kabul during the same period, if resources are made available.

Activities and Achievement

18 The ATA/AP was engaged in the following Health Programs in Afghanistan during 1999:-

a. TB Control Program in Kunar
b. EPI in Kunar/Nooristan
c. TB Control Program in East Nooristan(Burgematal)
d. TB Control Program in Laghman.
e. TB Control Programme in Khogiani(Ningarhar)
f. Culture Laboratory in Jalalabad.

TB Control Program

19. The ATA/AP runs the following TB Control Programs in Afghanistan:-

a. Kunar
   1) TB Hospital at Asadabad
   2) Four TB Control Centers(Microscopy) in Peach,Paroon, Want and Kamdesh.
   3) Health Education Centres at Khas Kunar,Narang,Shegal,Peach, Naray and Kamdesh

b. Nooristan
   1) TB Clinic at Burgematal.
   2) Health Education Centres at Burgematal, Shudgal,Afsay, Saidabad and Mondagal.

c. Laghman
   1) TB Clinic at Mehtarlam
   2) TB Control Centres (Microscopy)at Ali Shang,Alingar,Daulat Shah and Qarghai.
   3) Health Education Centres at Ali Shang,Alingar,Mehtarlam, Daulat Shah,Qarghai and Nangaraj.

d. Khogiani
   1) TB clinic at Kaga (Khogiani)
   2) TB Control Centres (Microscopy) at Pacheragam, Sherzad and Hisarak.
   3) Health Education Programms at Pacheragam,Kaga, Sherzad , Mama Khel and Hisarak

e. Culture Laboratory at Jalalabad.This Culture Laboratory is established to do culture sensitivity tests of cases resistant to normal TB drugs. It suggests second line drugs for the treatment of resistant case. The Laboratory also trains the Lab Assts and microscopiest for TB Control Programms and give refresher training to the Lab Asstts and Microscopists working with ATA

Laboratory in TB Clinic Burgematal (Nooristan)

Special Feature of the Program

20

Kunar. Since the ATA/AP established the first TB clinic in Asadabad(Kunar) in 1990, the TB Control Program in that province is more developed as compared to Ningarhar, Nooristan and Laghman. In 1994, a 15 bedded Isolation Ward (5 for men and 10 for women) was added to the clinic. The hospital was also shifted to a new location, which was a portion of a proper hospital building. Four TB Control Centres (Microscopy) and six Health Education Centres were also established that year. In 1995, EPI Program for Kunar was also organized in collaboration with UNICEF and the Ministry of Public Health - Eastern Zone. 20 vaccination centres were deployed in the area. Cold Chain and coordinating office was established in the premises of the hospital at Asadabad. This program (EPI) helped TB Control and also Health Education, as the vaccinators were also given the task of Health Education in the areas which they covered for vaccination.

The hospital has now got the following facilities:-

a. OPD
b. X-Ray
c. Laboratory
d. Dispensary
e. Isolation Ward
f. Nursing

Achievement of 1999 is annexed

Lady dispenser at TB Clinic Mehterlam (Laghman)

EPI in Kunar/Nooristan

21. The ATA/AP managed the EPI in Kunar/Nooristan since January, 1995 in collaboration with UNICEF, Norwegian Church Aid (NCA), and Ministry of Public Health, Jalalabad(MOPH). The UNICEF provided the equipment and vaccine, the MOPH trained vaccinators and the NCA provided funds for the pay of the staff and transportation charges. The agreement was for the three years which ended in December, 1997. The ATA/AP initially deployed 16 vaccinations centers in Kunar. By the end of 1997, there were a total of 20 Vaccination centres in the following places:-

1. Asadabad
2. Barkandai
3. Nangalam
4. Chappa Darra
5. Marawara
6. Asmar
7. Dangam
8. Nary
9. Sarkani
10. Narang
11. Noorgal
12. Kamdesh
13. Sheegal
14. Want
15. Wama
16. Wattapur
17 Dewagal
18 Chawki
19 Khas Kunar
20 Burgematal

In February, 1998, a fresh agreement was concluded in which the NCA agreed to pay the outreach allowance to the vaccinators and other staff, but the rest of responsibility, including pay and allowances, were taken over by UNICEF . The ATA/AP implemented the NCA's obligations , in 1999 also.

The achievement of the EPI during the year is annexed.

Nooristan

22. The TB Clinic which was established in June 98, functioned well. The road got through to Burgematal, (in Apr/May 99) when the damaged bridges on the way were repaired and the road improved. Most of the work done was on self help basis, though some NGOs - Afghan Aid in particular - helped in the repair of the bridges. Light vehicles can now ply upto Burgemetal. Apart from the TB clinic, five Health Education Centres are working in East Nooristan. Since there was no other Healthcare Unit in Burgematal area, all non TB patients also started attending the TB Clinic. Since the TB Clinic is not designed to treat non TB patients, it is quite embarrassing to refuse treatment to such patients. During Jul 99, Ms Torild, the Deputy Director of NCA, visited Burgematal and saw the situation herself. She also met the "Shoora" of the area and discussed the problem with them. It is satisfying to note that the NCA has agreed to fund the construction and running of a BHU and Isolation Ward in Burgematal during 2000.

23. The representative of 'Noor' Eye Hospital contacted ATA, through Ms Torild of NCA. They wanted to visit Burgematal and East Nooristan for an eye camp in Kamdesh and Burgematal in October, 1999. All arrangements were made with Mr. Kurt Fredrick Mahler, of 'Noor' Hospital for a preliminary visit in September, 1999, but it had to be postponed due to the blockade of the road by the anti Taliban forces, between Asadabad and Barikot. Ultimatey Mr Mahler with his team and Dr. Ayub(Director ATA) visited Burgematal in November 99 in which Mr. Mahler and his staff met the Shoora of Burgematal and Kamdesh. It was decided to establish eye camps - one week at Kamdesh and one week at Burgematal - in the spring of 2000. Mr. Mahler also promised the Shooras to consider establising permanent facilities for eye treatment in Burgematal in collaboration with the ATA.

Performance report of TB Hospital Burgematal is annexed

NCA and ATA's Staff with 'Majlese Shoora' East Nooristan

.Laghman

24. Laghman Province lie just to the West of Ningarhar. Its boundary starts just out side Jalalabad. Laghman is relatively better developed both for agriculture and trade. The valley is well irrigated by the rivers of Kabul, Ali Shang and Alingar. Ethnically, the people living in the valley are Pakhtoon and Tajiks, but the hilly areas in the North, is inhabited by Nooristanies. The hills to the North are mostly barren and the people live on animal husbandry.

25. The clinic at Mehtarlam, the TB Control Centres and the Health Education Centres were established in May 1998. The accommodation for the clinic was given to ATA by the Govt., which was a dilapidated building. The ATA/AP had to spend almost Rs. 200000/- to make it suitable for the clinic. During 1999, the waiting area for male and female patients was constructed and the clinic improved with the savings of 1998. The X-Ray machine, which started giving trouble was also replaced. During 1999, the clinic was visited by the staff of NCA and many others. They all appreciated the working of the programmes. Due to a large number of sputum positive cases, an Isolation Ward is planned for 2000.

The performance of the programme in 1999 is annexed to the report.

Khogiani.

26 Khogiani is a large area of Ningarhar Province. TB incident is reported high. TB clinic, three TB Control Centres and five Health Education Centres have been established in the area during 1999. The building of the clinic and the sub centres have been provided by the Govt. and the funds for the project by NCA.The clinic has the following departments:-

a. OPD
b. Laboratory
c. X-RAy
d. Dispensary

Apart from the clinic at Kaga, three TB Control Centres, one each at Pacheragam, Sherzad and Hisarak have been established and five Health Education Centres, one each at Pacheragam, Sherzad, Kaga, Hisarak and Murki Khel have also been established.

Due to large number of sputum positive cases, it has been decided to add one Isolation Ward to the clinic in 2000.

Performance report for 1999 is annexed to this report.

NCAs Staff discussing matters in TB Clinic Mehterlam (Laghman)

27. **Culture Laboratory - Jalalabad** Culture Laboratory was planned for establishment in 1999. Since there are a large number of TB cases, resistant to normal TB drugs, it was considered a serious health hazard, as these cases spread TB, which is resistant to normal TB drugs. It was considered essential to carry out Culture and sensitivity tests of such cases and, depending on the results, put them on Second Line Drugs, for treatment.

The establishment of a Culture Laboratory is highly technical and sophisticated venture, requiring highly technical staff and special equipment. Culture work in TB cases require extra safety arrangements and some special equipment, not needed in normal Culture Laboratories. The Italian Cooperation for Development (ICD) has such a Laboratory in Peshawar, who were consulted for details of staff, equipment and the programme of establishment of such a Laboratory.

Luckily, the ATA was successful in persuading Dr. Dost Mohammad Khan, a Microbiologist, who has been teaching this subject in the Jalalabad Teaching Hospital for almost 30 years. Dr. Dost Mohammad Khan and two Laboratory Technicians were attached with the ICD Culture Laboratory Peshawar for one month(Feb/Mar 99) for necessary orientation/training.

Equipment for the Laboratory was procured from Peshawar, Lahore, Karachi and England. Most of the equipment, chemicals and other items required in the Laboratory were sent to Jalalabad in May 99 and the Laboratory started functioning in Jul/Aug 99. A few items, ordered from England reached Jalalabad only in Dec 99.

During the period Aug 99 to Dec 99, however, the Laboratory carried out a number of culture and sensitivity tests. The most important function of the Laboratory was, however, the refresher training, imparted to the Lab Technicians and microscopists working with the ATA in various projects. The Laboratory also monitor the proficiency of the Lab Technicians and microscopists through cross checking of the sputum slides in the hospitals and TB Control Centres.

In times to come, this Culture Laboratory will prove an asset to Afghanistan, both, as a facility for culture work and also a training institute for Lab Technicians.

Performance is annexed to the report.

Dr. Dost Mohammad Khan at work – Culture Laboratory - Jalalabad

28. **TB Control Centres** TB Control Centres are working in the following places:-

a. Kunar
   Peach
   Want
   Wama
   Kamdesh

b. Laghman
   Ali Shang
   Alingar

Daulat Shah
Doaba (Nooristan)

c. Khogiani
Pacheragam
Sherzad
Hisarak.

These T B Control Centres are, in fact, Microscopy Centres, located in the peripheral areas to carry out microscopy of suspected TB Patients and send confirmed or suspected TB Cases to the TB Hospital/Clinics of the Province. These TB Control Centres keep the record of the TB patients of the area. The TB patients attend these TB Centres monthly for sputum examination and collection of medicines. This way the patients need not attend the hospital or clinic every month. The TB Centres also keep a track of the patients to ensure that the patients complete their treatment.

Health Education Program

29 Health Education Program is being conducted in the following places:-

a. Kunar
1) Khas Kunar
2) Chowki
3) Shegal
4) Chappadara
5) Manogai
6) Kamdesh

b. Nooristan
1) Mondagal
2) Saidabad
3) Burgematal
4) Afsay
5) Shud Gul

c. Laghman
1) Ali Shang
2) Alingar
3) Daulat Shah
4) Qarghai
5) Mehterlam
6) Gandlabuk

d. Khogiani
1. Pacheragam
2. Sherzad
3. Kaga
4. Hisarak
5. Marki Khel

Microscopists Training at Culture Laboratory - Jalalabad

Distribution of BP-5 Biscuits

30. At the end of 1998, there were only 214 Cartons left with ATA for issue to TB patients. No fresh supply was made during 1999. During the year the serious patients in Laghman were issued about 100 Cartons.

AT the moment there is a balance of 114 Cartons with ATA. Since BP-5 is a very useful diet substitute, the NCA have been asked for fresh supply for 2000.

Agreement Between ATA/AP and WFP

31. An agreement was concluded with WFP in July 98 in which they agreed to supply food to 500 patients and their families in Kunar. Unfortunately, the WFP Office of Jalalabad shifted to Islamabad due to the disturbances of Aug 98, and as such, the agreement could not be implemented.

In November 1999, the WFP revived the agreement, but only for the patients (families were excluded) The WFP supplied food for two months, Nov and Dec, 99 for 500 patients of Kunar, which were duly distributed.

For 2000 draft agreements for Kunar, Laghman and Khogiani have been submitted to WFP Office Jalalabad for 500 patients of each programme. The agreements, however, have not been finalized. According to the WFP Policy only CSB or WSB(Corn Soyabean/Wheat Soyabean combination) is provided to the patients. Wheat, Sugar, Rice, Beans, Edible Oil, Wheat Flour etc, are not provided, as agreed in the agreement signed in Sep 1999.

32. Security Problems in East Nooristan Due to the infighting between the Kamdesh and Kishtoz factions of Nooristan, the communication to our clinic at Burgematal got disrupted several times. The supply of medicine and other provision to Burgematal, however, were ensured.In September 99, some of the commanders, opposed to the Taliban, blocked the road between Jalalabad and Bari Kot at several places. This also created problem of communication, but by Nov 99, the situation became normal.

OPD of TB Clinic Kaga (Khogiani)

33. **Conclusion** The TB Control Programme of ATA is an on going programme, eversince the Association established its first clinic at Asadabad in 1990. Since then, the programme has progressed from a single clinic to four clinics/hospitals, a Culture Laboratory, 11 TB Control Centres (Microscopy) and 22 Health Education Centres in Nooristan, Kunar, Laghman and Ningarhar.

The Foundation for this expansion was laid in the "Five Year Plan - 1998 to 2002" , which the Association formulated in 1997.

The ATA with the generous assistance of NCA has been able to achieve more than what was planned for, and in a shorter period. The basic infrastructure which was envisaged in "Five Year Plan - 1998 to 2002" is already established. In 2000, it is hoped to complete the Basic Health Unit at Burgematal and the Isolation Wards at Burgematal, Mehtarlam and Kaga to make these TB Clinics into full fledged TB Hospitals.

The performance of the programme in Nooristan, Kunar, Laghman, Khogiani and the Culture Laboratory is as planned in the beginning of the year.

The women still constitute the bulk of the TB cases in the region - over 65%. The age group, which is affected most is from 15 to 45 years, which is the main wokforce in any society.

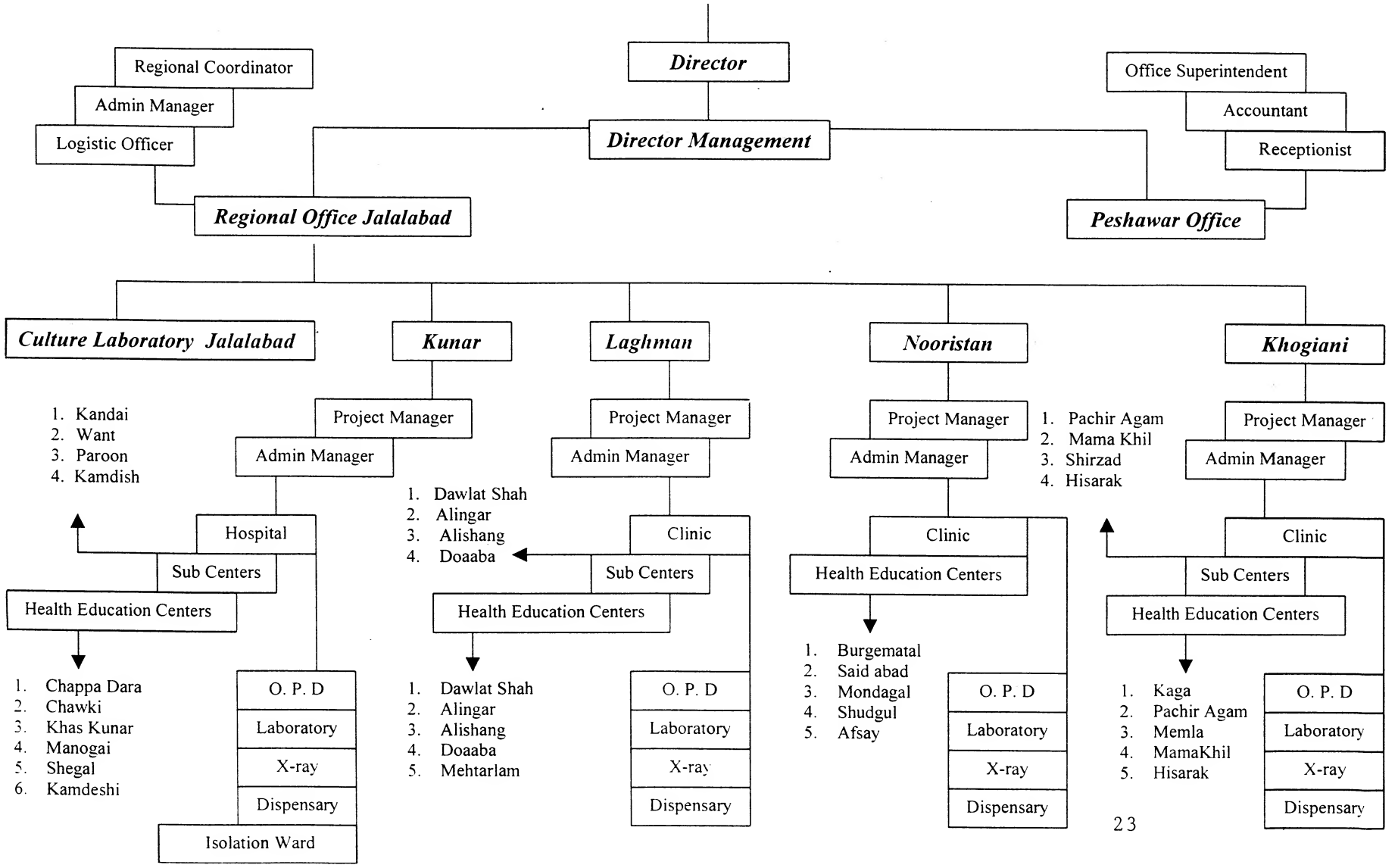
The World Food Programme assistance to TB Control has commenced in Kunar. Though the actual assistance of food for TB patients was only for two months - Nov and Dec 99, the programme did start. It is hoped that the WFP will approve the ATAs draft plans for 2000 for Kunar, Laghman and Khogiani, which have been submitted, as indicated by them (WFP)

It is also hoped that the NCA will be able to provide BP-5 Biscuits for the programme, as requested by ATA, for 2000.

The most significant achievement of the programme, however, was the establishment of the Culture Laboratory - Jalalabad, which will play a significant role in diagnosis, treatment and training programmes - not only limited to TB work, but for other diseases also. It is also hoped that this institute will become one of the income generating unit of ATA, in the coming years.

Anti Tuberculosis Association Afghanistan Program (ATA/AP)

Organizational Chart

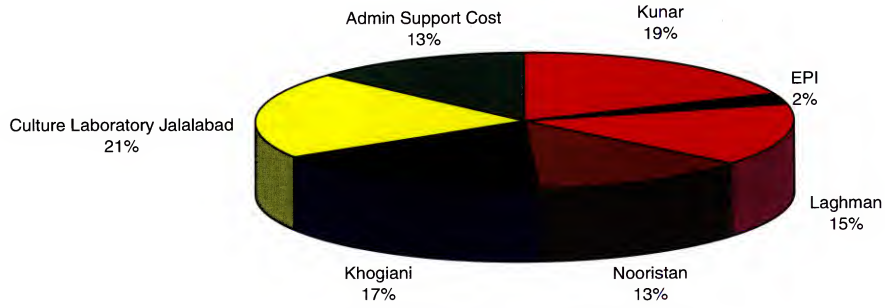


Financial Information

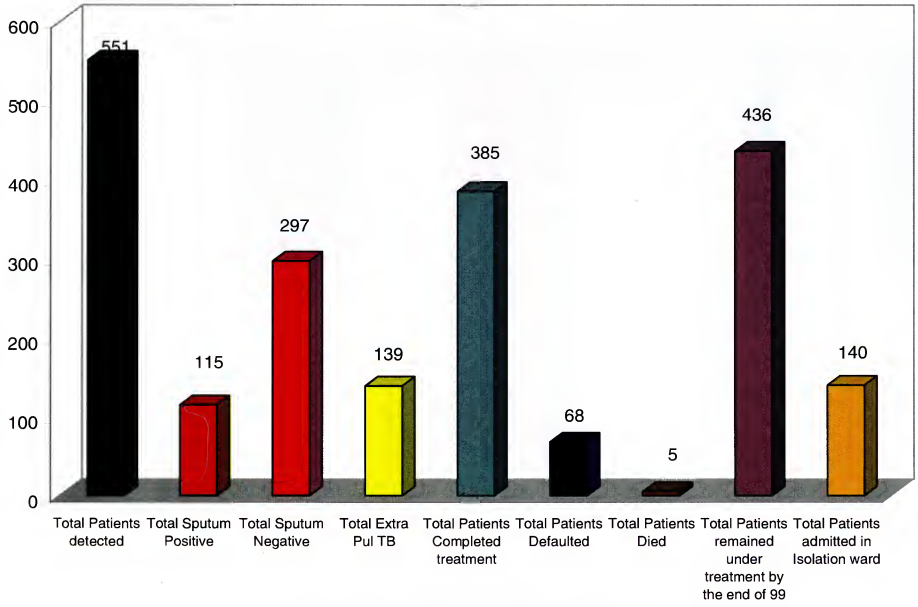
Total Budget -99 **(Pak) RS. 12224500**

Allocation to Projects

1	TB Control Program Kunar	2,316,000
2	EPI	300,000
3	TB Control Program Laghman	1,806,850
4	TB Control Program Nooristan	1,570,700
5	TB Control Program Khogiani	2,122,450
6	Culture Laboratory Jalalabad	2,514,000
7	Admin Support Cost	1,594,500



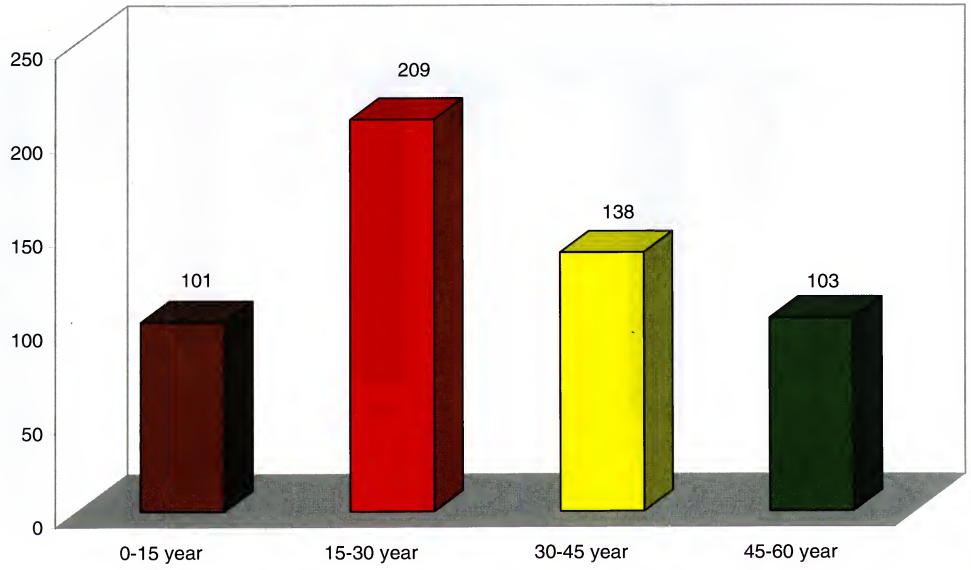
Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)



Summary of TB Activities in Kunar
1st January - 31st Decemeber 1999

Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)

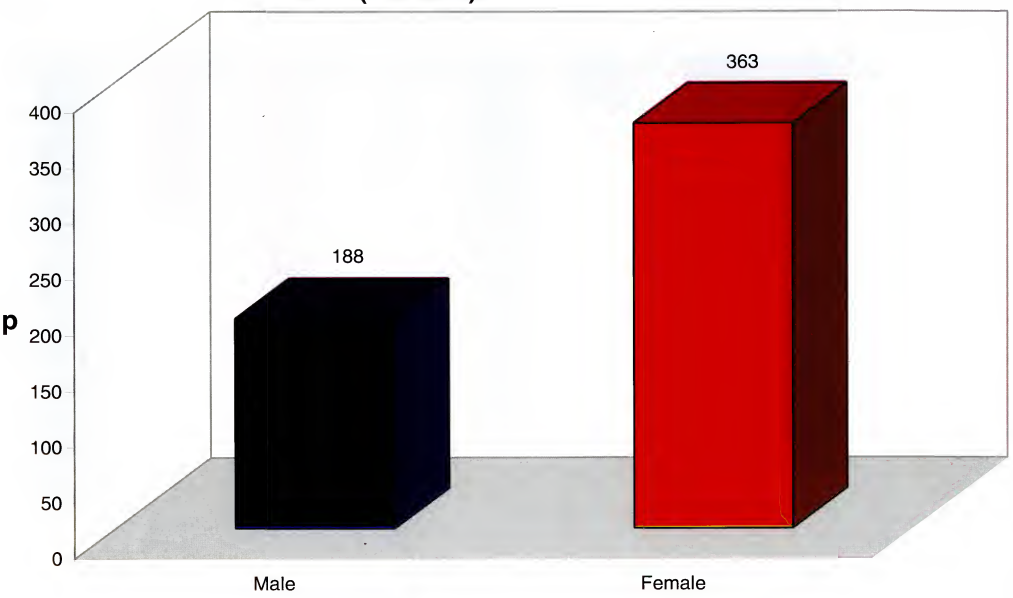
Age Group Data



Summary of TB Control Activities in Kunar Province from 1st January - 31st December 1999

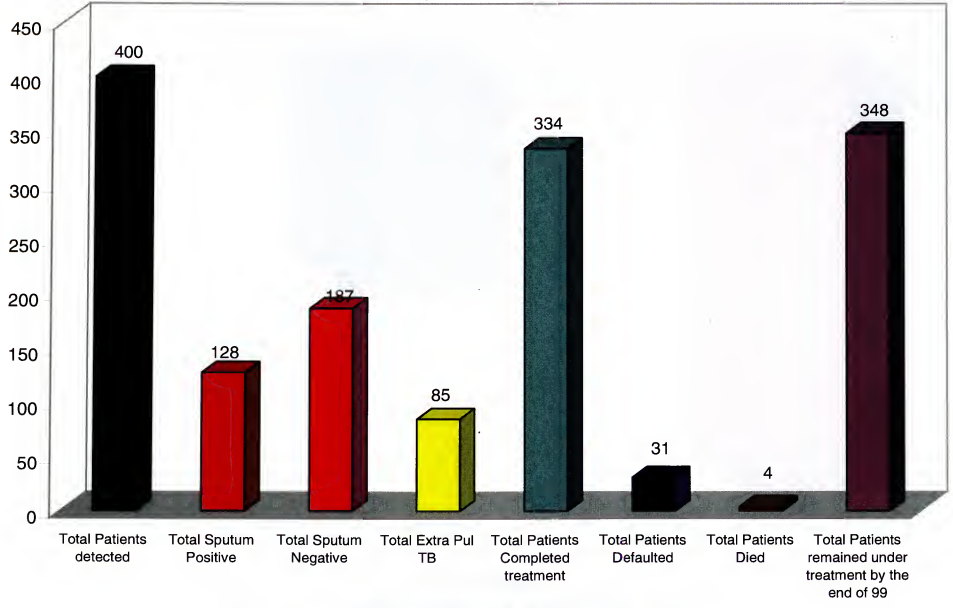
Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)

Gender Group Data



Summary of TB Control Activities in Kunar Province
from 1st January - 31st December 1999

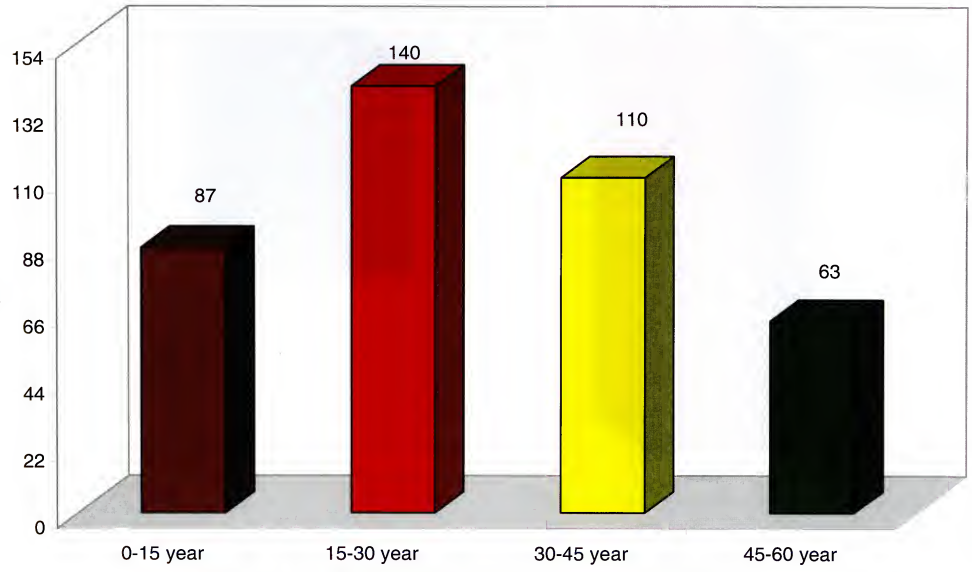
Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)



Summary of TB Activities in Laghman Province
1st January - 31st December 1999

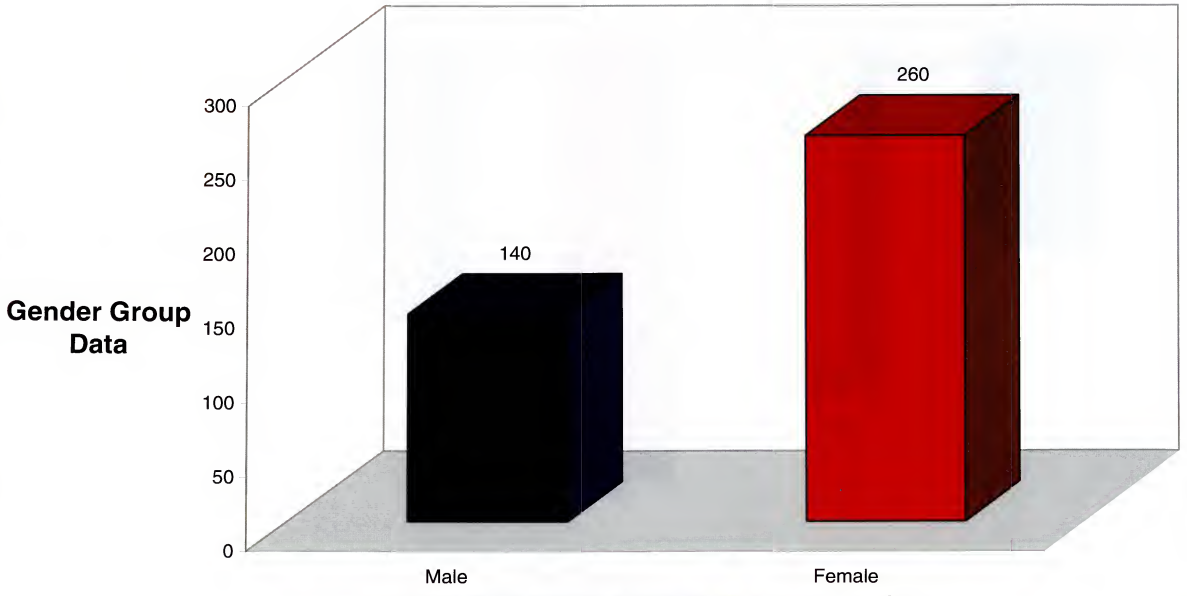
Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)

Age Group Data



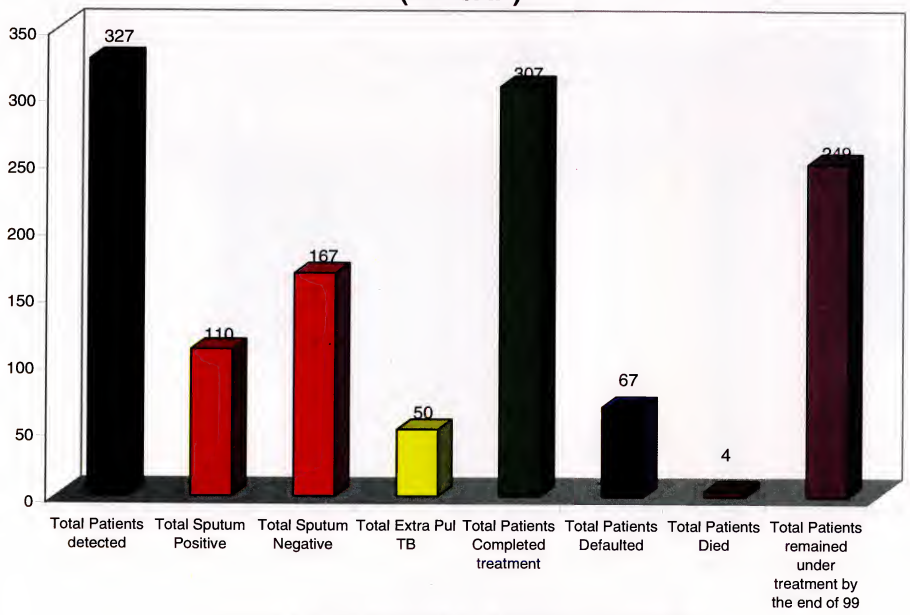
Summary of TB Control Activities in Laghman Province
1st January - 31st December 1999

Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)



Summary of TB Control Activities in Laghman Province
1st January - 31st December 1999

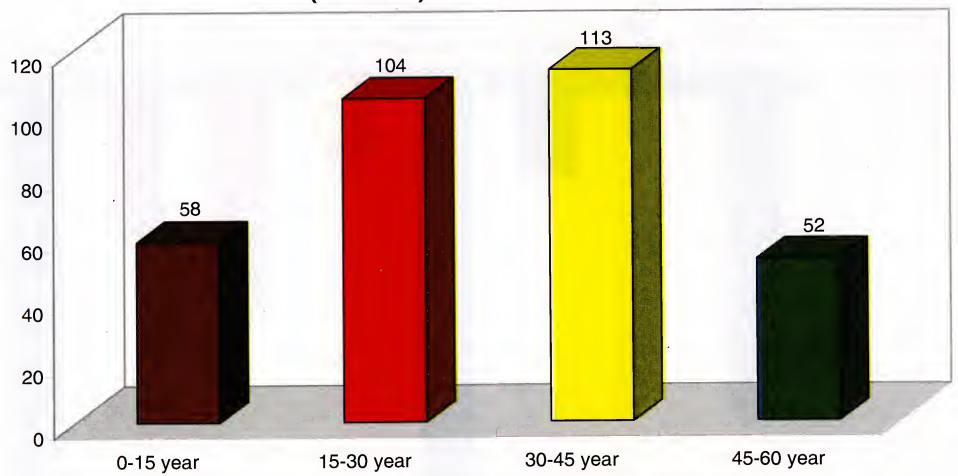
Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)



Summary of TB Activities in Nooristan (Burgematal)
1st January - 31st December 1999

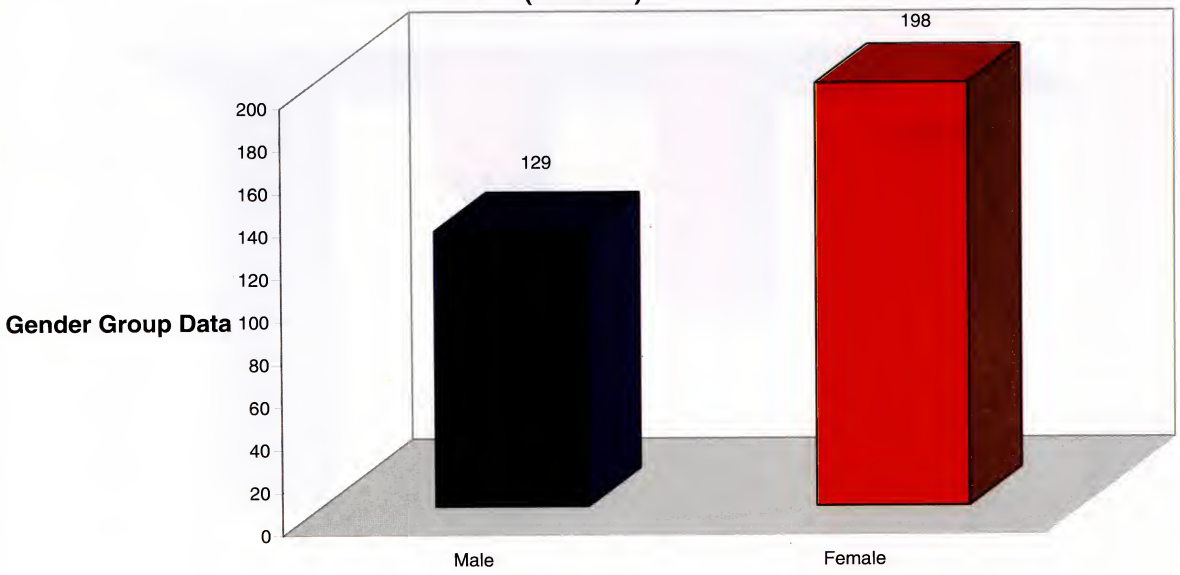
Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)

Age Group Data

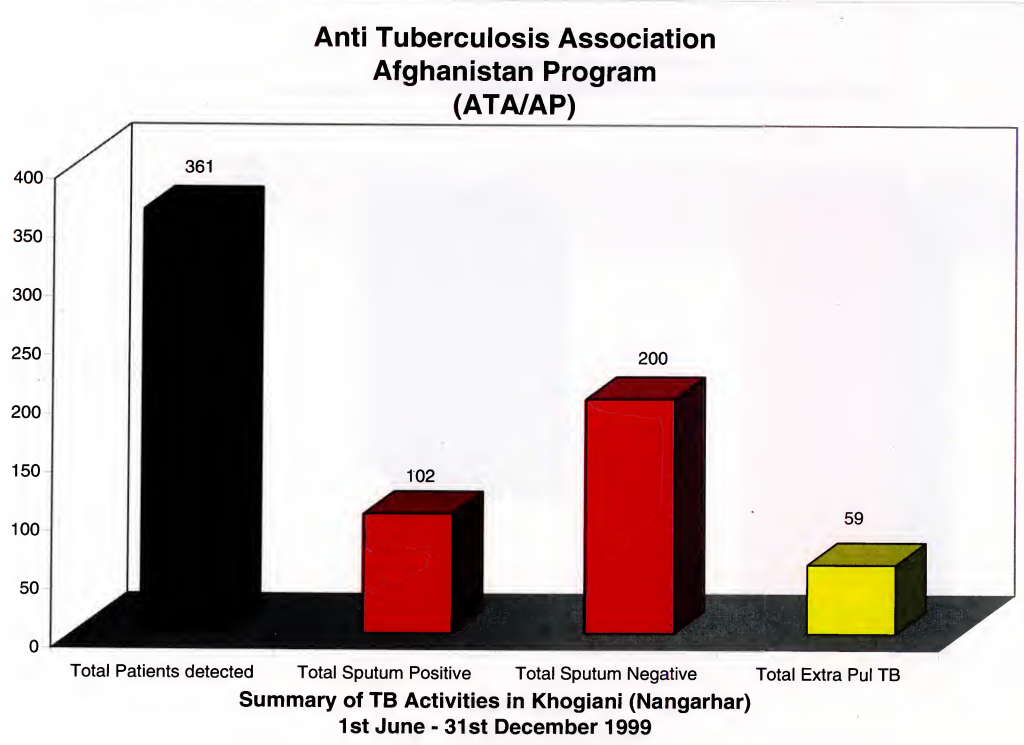


Summary of TB Control Activities in Burgematal (Nooristan)
1st January - 31st December 1999

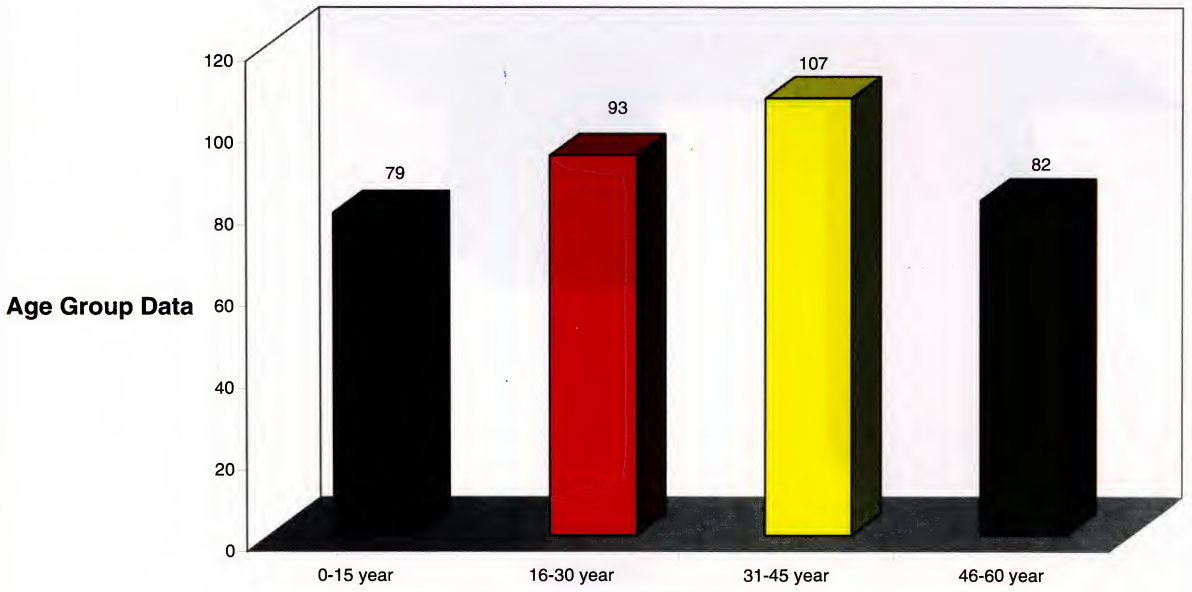
Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)



Summary of TB Control Activities in Burgematal (Nooristan)
1st January - 31st December 1999

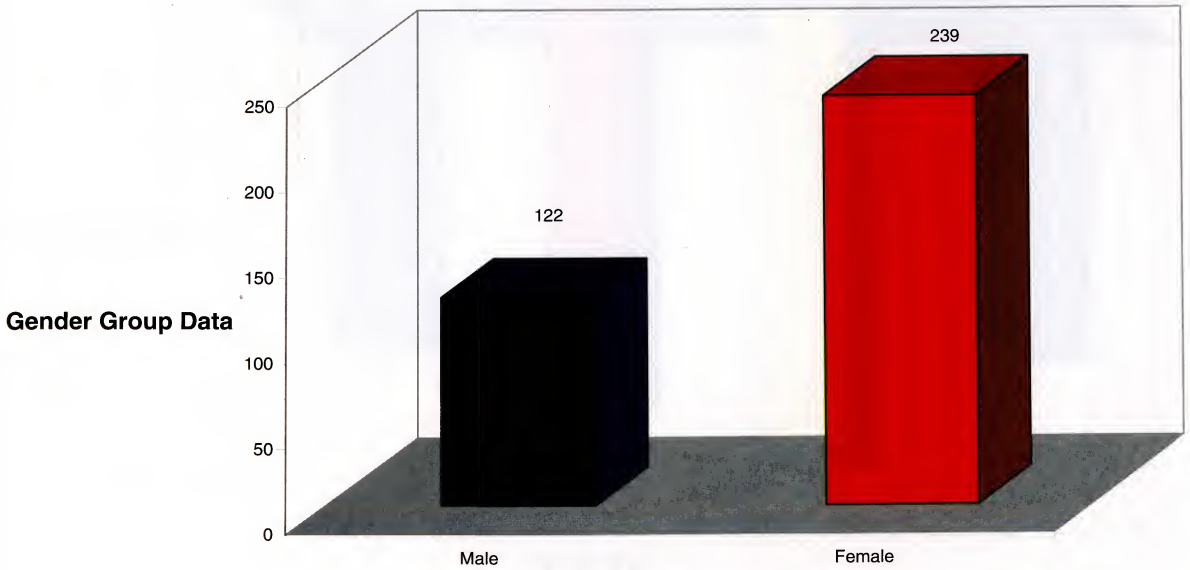

Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)
400
350
300
250
200
150
100
50
0
361
102
200
59
Total Patients detected
Total Sputum Positive
Total Sputum Negative
Total Extra Pul TB
Summary of TB Activities in Khogiani (Nangarhar)
1st June - 31st December 1999

Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)



Summary of TB Activities in Khogiani Nangarhar
1st June - 31st December 1999

Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)



Summary of TB Activities in Khogiani (Nangarhar)
1st June - 31st December 1999

PERFORMANCE REPORT - 1999
CULTURE LABORATORY - JALALABAD

1. The Laboratory got established in Aug 99. From Aug 99 till 31st Dec 1999, the Laboratory achieved the following: -

a. ***Culture and Sensitivity tests***

22 specimens were sent to the Culture Laboratory from TB Hospital Kunar, Laghman, Khogiani and Nooristan. 4 specimen were found resistant to all TB drugs. The result of the rest were sent back to the hospitals with recommendation, for further treatment. Nine specimens are under process. It is submitted that one culture takes 40 days to complete and takes 9 to 10 tubes for culture and sensitivity for different drugs.

b. ***Cross Checking of Sputum Slides***

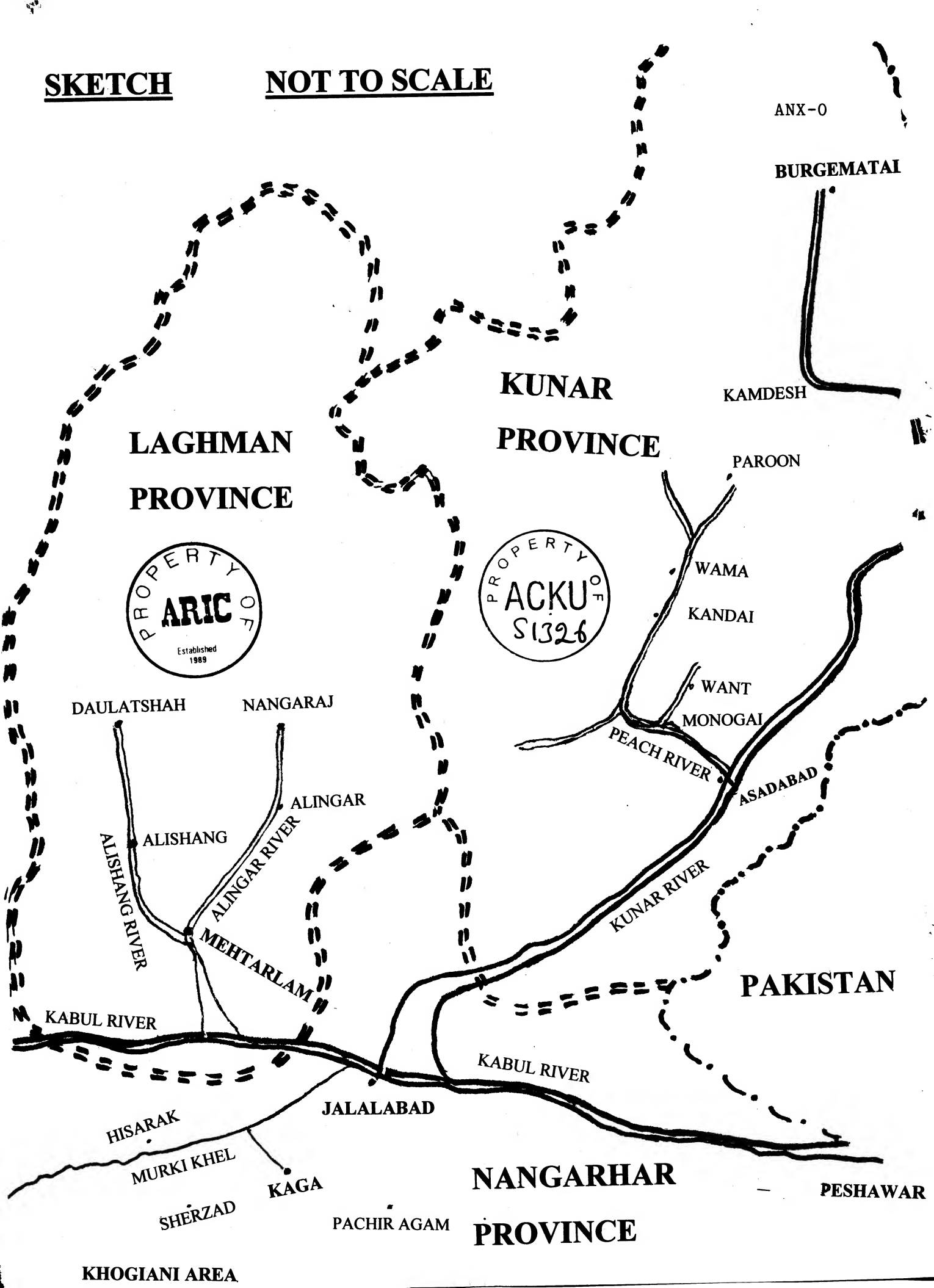
Cross checking activity started from 17.7.99. During the year the following slides were checked in various TB Clinics/Hospitals of ATA: -

TB Clinic/Hospital	*Sputum Positive Slides*	*Sputum Negative Slides*
(1) Khogiani	84	206
(2) Kunar	132	184
(3) Laghman	97	130

c. ***Training of Lab Asstts/Microscopy***

Four Lab Technicians who were recruited for Khogiani program, were tested and given orientation training in the Culture Laboratory. These Lab Techs were already trained, but testing and orientation was necessary.
Refresher Course was given to six micrscopists from Kunar and Nooristan in September 99 and a similar course was conducted for another six microscopists from Khogiani and Laghman in Dec 99.

2. The workload of the Laboratory is likely to be quite heavy during 2000.


SKETCH
NOT TO SCALE
ANX-O
BURGEMATAI
KAMDESH
KUNAR
PROVINCE
LAGHMAN
PROVINCE
PAROON
WAMA
KANDAI
WANT
MONOGAI
PEACH RIVER
ASADABAD
KUNAR RIVER
PAKISTAN
PROPERTY OF ARIC Established 1989
PROPERTY OF ACKU S1326
DAULATSHAH
NANGARAJ
ALINGAR
ALISHANG
ALISHANG RIVER
ALINGAR RIVER
MEHTARLAM
KABUL RIVER
KABUL RIVER
JALALABAD
HISARAK
MURKI KHEL
KAGA
SHERZAD
PACHIR AGAM
NANGARHAR
PROVINCE
PESHAWAR
KHOGIANI AREA